



WELCOME PACKET

Thank you for choosing Hope for Adoption for your home study services. Hope for Adoption is committed to providing you and your family with quality support throughout the process. We wish you much success throughout your adoption journey.

Please complete the entire home study packet. Please make sure to read any and all instructions! When completing your forms, always use your FULL LEGAL NAME – no nicknames. Also, please use a standard blue or black pen.

Please complete the attached documents and mail the completed forms along with the \$200 NON- REFUNDABLE application fee to:

Hope for Adoption
609 Bentwood Trail
Canton, GA 30114

After we receive your application, you will be contacted immediately to begin the home study process.

Should you have any questions, please feel free to contact our office at 678-923-1019.

Cheri Denmon
Executive Director



HOME STUDY APPLICATION

Last Name(s): _____

Home Address: _____

County: _____

City, State, Zip: _____

Home Phone: _____

Have you ever been denied an adoptive home study? _____ if yes, please explain: _____

Applicant #1

Applicant #2

	Applicant #1	Applicant #2
First Middle		
Cell Phone Number		
Employer Phone Number		
Social Security Number		
Drivers License Number		
Date of Birth		
Place of Birth – City and State (as noted on your birth certificate)		
Email Address		
Nationality/Heritage		
U.S. Citizen? Yes or No		
Occupation/Position title		
Employer		
Employer Address		
Length of Employment		
Annual Income		
Debt		
Property owned (type/value)		



HOME STUDY APPLICATION

Relatives

Name	Age	Name	Age
Father:		Father:	
Mother:		Mother:	
Siblings:		Siblings:	

Nearest Hospital: _____ # Miles _____

Nearest Fire Department: _____ # Miles _____

Nearest Police Department: _____ # Miles _____

Nearest Elementary School: _____ # Miles _____

Nearest Middle School: _____ # Miles _____

Nearest High School: _____ # Miles _____

Nearest 4 Religious Institutions: _____ # Miles _____
 _____ # Miles _____
 _____ # Miles _____
 _____ # Miles _____

Nearest Recreational Facilities: _____ # Miles _____

Church Currently Attending: _____ # Miles _____

Directions for Reaching Your Home: (Attach a map if possible)



HOME STUDY APPLICATION

Present Marriage	Date	Place	Date	Place
Previous Marriage(s)	Date	Place	Date	Place
	Cause of dissolution / Date			
Education – Grade School City, State Grade Completed				
Education – High School City, State Grade Completed				
Education – College City, State Degree Obtained				
Education – Other				
Religion/Church or Parish How long have you attended Members: Yes/No				
Organizations/Club Memberships				

Children /Others in the Home (if stepchild, please specify custody arrangement):

Name	Sex	DOB	Relationship to Applicant #1	Relationship to Applicant #2



HOME STUDY APPLICATION

Please list all cities and states where you have lived in the last 10 years.

Applicant #1

City, State

Length of Residency (month/year format)

_____	_____
_____	_____
_____	_____
_____	_____

Applicant #2

City, State

Length of Residency (month/year format)

_____	_____
_____	_____
_____	_____
_____	_____

Please give your employment history for the past 10 years.

Applicant #1

Employer Name

City, State

Length of employment (month/year)

Job Title

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Applicant #2

Employer Name

City, State

Length of employment (month/year)

Job Title

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



HOME STUDY APPLICATION

Have you ever declared bankruptcy? If yes, please explain _____

LIFE INSURANCE

Amount	Company	Beneficiary
_____	_____	_____
_____	_____	_____

Has either applicant ever been accused or convicted of child abuse? Yes _____ No _____
If yes, please explain: _____

Has either applicant ever received psychiatric or psychological counseling? Yes _____ No _____
If yes, please explain: _____

Include date, name and address of physician _____

Does either applicant have a history of prolonged usage of drugs or alcohol (either personal or family history)?
Yes _____ No _____ If yes, please explain: _____

Has either applicant ever suffered any sexual or physical abuse as an adult or in childhood?
Yes _____ No _____ If yes, please explain: _____

Has either applicant ever been arrested or convicted of any criminal offense? Yes _____ No _____
If yes, please explain: _____



HOME STUDY APPLICATION

References (Five - 5) with full address, phone numbers and email address.

Please include: two family member and three non-family members. If you have worked with children within the past 5 years, one reference must be from that employer, supervisor, or pastor (if you volunteered at your church).

Name	Address	Telephone	Email

Child Preferred:

Sex: _____

Age Range: _____

Race Preference: _____

Single Birth

Twins

Drug Exposure

Mental Illness

Premature Birth

Openness of Adoption:

Open

Semi-Open

Applicant #1's Signature

Date

Applicant #2's Signature

Date

****When completed, please return along with the \$200 NON-REFUNDABLE application fee to Hope for Adoption.**



HOME STUDY FEE SCHEDULE

Cash, Check and Credit Cards are accepted.

<u>Service</u>	<u>Fee</u>
Application Fee	\$200
Domestic Home Study	\$1,300.00 (1 home & 2 office visits - \$650 is due at initial visit & at 2 nd visit)
Expedited Home Study	\$1,500.00 (1-2 weeks - \$750 is due at initial visit & at 2 nd visit)
Home Study Amendment	\$100 due at the time changes are made
Home Study Update	\$500.00 due at time of home visit
Subsequent Home Study	\$750.00 due at time of home visit
Post Placement Supervision	\$250.00 per visit due at time of visit
Court Report for Finalization	\$300.00 must be received before release of the Court Report (Domestic Adoption)
Travel (paid directly to the caseworker)	Charged at the current IRS guidelines - per mile roundtrip, due at time of home visit
Additional Home Study Reports	\$25.00 each (2 Reports are provided)

Home Study Refund Policy

Clients are billed at the time service is rendered therefore, there are no refunds. If you put your home study on hold for a period greater than six months, you will be billed at the rates in effect once you begin the home study process again.

Client Signature: _____ Client Signature: _____

Date: _____ Date: _____

Agency Rep: _____ Date: _____



GEORGIA CHILD ABUSE REGISTRY

Please complete the following information so we can submit your Georgia Child Abuse Registry Check.

Adoptive Father Full Name _____

Any other names used _____

Date of Birth _____ Social Security Number _____

Adoptive Mother Full Name _____

Adoptive Mother Middle Name Given At Birth _____

Adoptive Mother Maiden Name _____

Any other names used _____

Date of Birth _____ Social Security Number _____

PLEASE GIVE COMPLETE GEORGIA ADDRESSES FOR THE LAST 5 YEARS. INCLUDE DATES IN MONTH/YEAR FORMAT:

ANY OTHER HOUSEHOLD MEMBERS OVER THE AGE OF 18

Name _____ Relationship _____

Date of Birth _____ Social Security Number _____

Gender _____ Previous State(s) _____ Years _____